



POST ADJUDICATION REVIEW BOARD
VOLUNTEER APPLICATION

Name Applying for what board? (County Name)

How did you become aware of PARB? _____

ADDRESS (CITY) (ZIP) (COUNTY)

HOME PHONE E-MAIL

EMPLOYER ADDRESS CITY ZIP
How long have you worked for this employer? _____

WORK PHONE May we call you at work? _____

Position: _____ Work hours: _____

PROFESSIONAL/CIVIC ORGANIZATIONS YOU BELONG TO:

EDUCATION AND LIFE EXPERIENCE THAT WOULD AID YOU IN REVIEWING CASES:

REFERENCES:

NAME RELATIONSHIP ADDRESS CITY ZIP PHONE

NAME RELATIONSHIP ADDRESS CITY ZIP PHONE

THE REVIEW BOARD MAY MEET DURING THE DAY AT THE COURTHOUSE. ARE YOU WILLING AND ABLE TO ATTEND ALL REVIEW BOARD MEETINGS AND CARRY OUT ASSIGNED DUTES AS A BOARD MEMBER? _____

ARE YOU WILLING TO ATTEND TRAINING WHEN PROVIDED LOCALLY? _____
AS WELL AS OUT OF TOWN? _____

DO YOU UNDERSTAND THAT ALL INFORMATION CONCERNING CASE REVIEWS AND CHILDREN INVOLVED WITH THE COURT IS CONFIDENTIAL? _____

ARE YOU WILLING AND ABLE TO ABIDE BY THE LAWS REGARDING CONFIDENTIALITY?

HAVE YOU EVER BEEN CHARGED AND/OR PLEAD GUILTY/NO CONTEST/CONVICTED OF A CRIME? _____ IF YES, PLEASE EXPLAIN:

ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? _____

WHY ARE YOU INTERESTED IN SERVING ON THE REVIEW BOARD?

APPLICANT'S SIGNATURE

JUDGE'S SIGNATURE

DATE

DATE

PLEASE RETURN ONE SIGNED COPY TO:
Keith Pirtle, PARB Program Manager
Oklahoma Commission on Children and Youth
2915 North Classen Blvd, Suite 300
Oklahoma City, OK 73106

POST ADJUDICATION REVIEW BOARD



COMMITMENT TO PARTICIPATE

I agree to serve as a member of the Post Adjudication Review Board (PARB). In doing so, I make the following assertions:

- I will serve a three-year term;
- I will participate in at least one training session per year as designated by the Commission on Children and Youth
- I understand that information contained in case records as well as that which is conveyed during the review is confidential; and
- My participation will be guided by my understanding of the best interest of the child, in accordance with Oklahoma law.

I agree not to disclose any of the information I receive in connection with my participation in a Case Review to any person not a member of the Review Board. I further acknowledge that a violation of this part of the agreement may result in a civil or criminal action against me for unlawful disclosure of confidential information.

Finally, I understand that my board membership may be terminated if there is reason to believe that:

- My participation during a review is inappropriate or insensitive to clients or service providers; or
- I have breached the confidentiality regulations, as specified above.

I have read the above and agree to abide by all provisions.

Review Board Member

Date

This agreement will expire three years from the date of appointment.

PLEASE RETURN ONE SIGNED COPY TO:

Keith Pirtle, PARB Program Manager
Oklahoma Commission on Children and Youth
2915 North Classen Blvd, Suite 300
Oklahoma City, OK 73106

Office: (405) 606-4922

Cell: (405) 885-5806

Fax: (405) 524-0417



POST ADJUDICATION REVIEW BOARD

CONSENT FOR RELEASE OF
BACKGROUND CHECK INFORMATION

I hereby authorize the Oklahoma State Bureau of Investigation and its duly authorized agents and employees to receive and/or furnish to the **Oklahoma Commission on Children and Youth** for the purpose of becoming or renewing membership on the *Post Adjudication Review Board* information obtained from a criminal background check.

I understand that my records cannot be disclosed without my written consent and that information obtained under this release may not be re-disclosed.

This consent expires six (6) months from date of execution.

Executed this _____ day of _____, 20_____.

Name: _____
Last First Middle

Date of birth: _____ Sex: _____ Race: _____
Month Day Year

Social Security Number: _____

Address: _____
City, State, Zip code

Signature

Witness

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